HS

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 234491

SEPTIC IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4664896567

APPLICANT/OWNER: Concept Homes | APPLICANT ADDRESS: 11220 Elm Ln Suite 109 Charlotte NC 28277

SITE ADDRESS: 189 Riverstone Dr Davidson NC 28036 | PHONE: 704-507-6327 | ALT. PHONE

SITE DIRECTIONS: NC3N to Ronkisther Farm Rd, Ron Rocky River Rd, Lon Shearers Rd, Lon Anniston Way, Ron Burnell Pl, Lon Walking Horse Trl, Lon Riverstone, total L

SAP CONTROLLED: ☐ YES ☒ NO

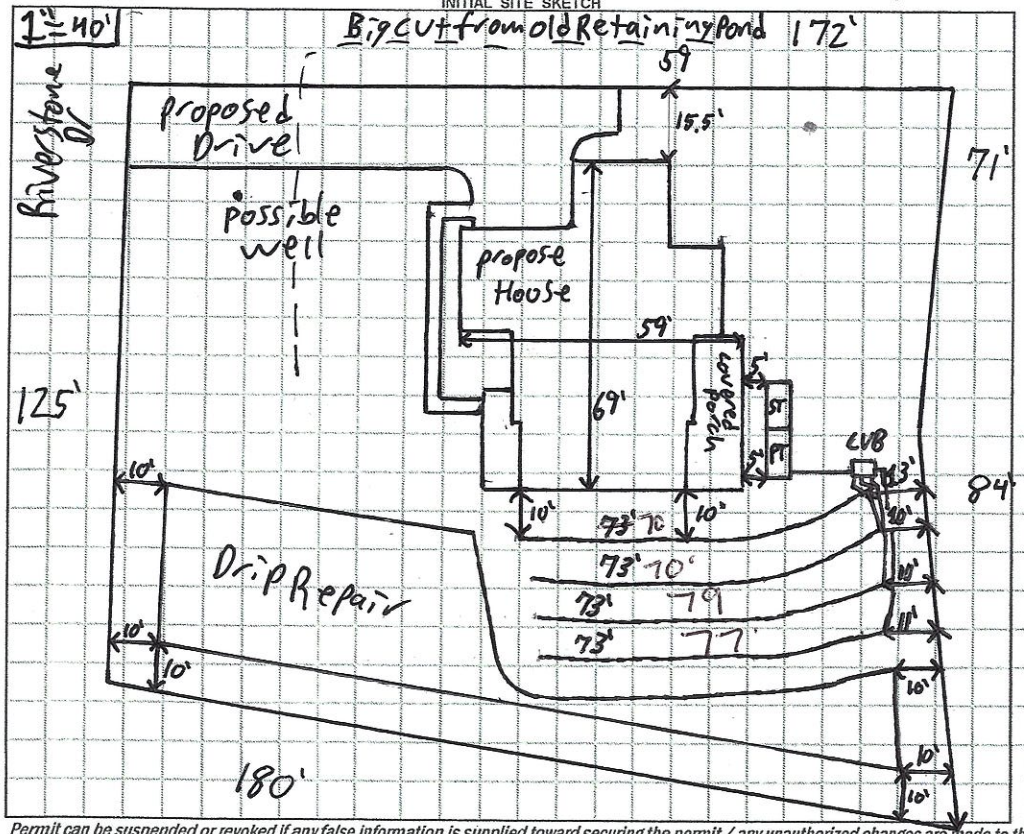
SUBDIVISION: Riverstone at Anniston | SECTION: — | LOT # 11 | LOT AREA: 0.549 acres | DESIGN FLOW: 480GPD | L.T.A.R.: .275

Septic Tank	1000 (gal)	STB	854	Date	6-2-21	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	169	Date	6-18-21	System Description:	LPPPBPS	☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description:	Drip	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft	292'	Maintenance Agreement Required:	☒ YES ☐ NO	☐ Slab	☒ Crawl Space
Trench Width	24"	Trench Bottom Depth(Low side)	30"	Gravel Depth	—		☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

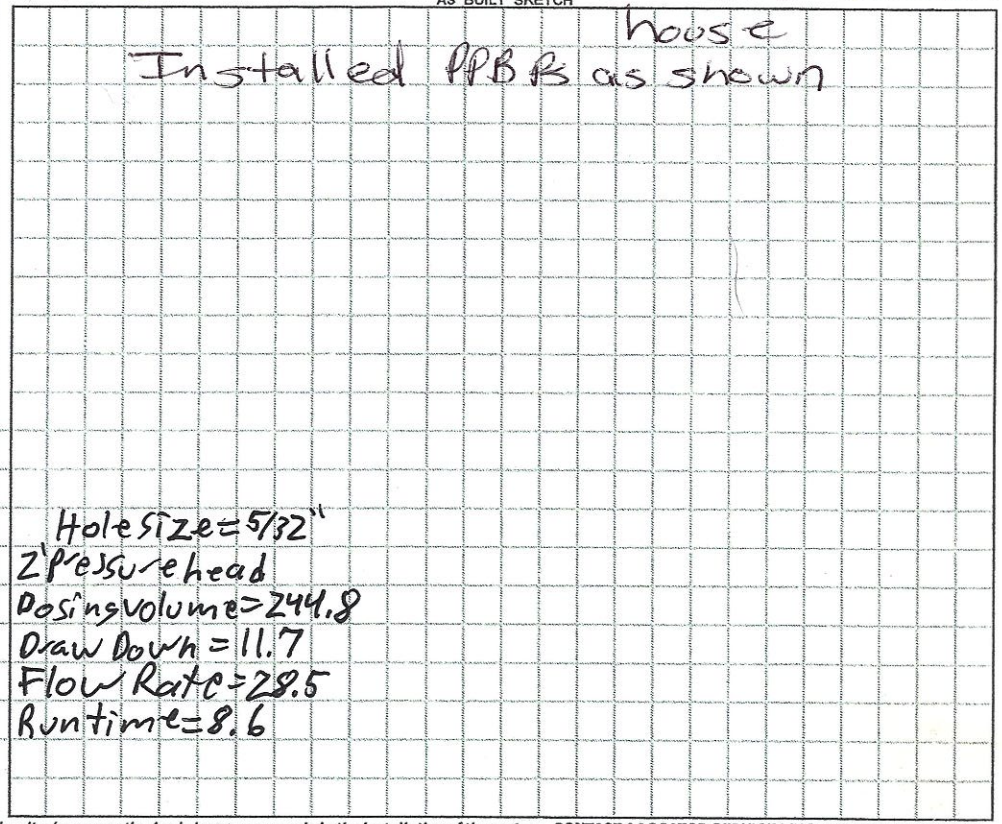
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install Lines on contour. Do not drive on, Store material or manipulate drainfield in any way. All property Lines and corners must be marked during time of Installation and Inspection. ST - Left from deck post Red Fitter Drilled 5/32" hole Drainlines 11ft off

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

☐ IMPROVEMENT PERMIT *with plat valid without expiration.* ☒ IMPROVEMENT PERMIT *with site plan valid for 60 mos.* ☒ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 10/21/20 Installed by: A-1 Backhoe

IMPROVEMENT PERMIT by: Patrick J Byrd III Date: 10/12/2020 OPERATION PERMIT by: Danielle Hiebert Date: 11/18/21

AUTHORIZATION TO CONSTRUCT by: Patrick J Byrd III Date: 10/12/2020 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

	Date	Initials
Drain Lines Checked	9/29-21	MD
Tanks Checked	9/29/21	MD
Pressure Manifold or Valve Box Checked	11/12/21	JB
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked	11/18/21	DW
Maintenance Contract (Y) / N	9/29/21	MD

Supply lines

Carolina Soil & Septic Consulting, PLLC

P.O. Box 1703, Mooresville, NC 28115

Phone: (704) 202-5791 Email: adrianpruett@yahoo.com

NC Licensed Soil Scientist, SC Professional Soil Classifier,
Certified Septic System Operator, Licensed Septic Installer,
Certified Septic Inspector

Design proposal for a PPBPS Septic System with low pressure distribution for a 4 bedroom single family residence in RIVERSTONE AT ANNISTON LOT 11 Mooresville, Iredell County, North Carolina.

Contents: **Page**

Installer Information---------- 1

Design Information
- Install Specifications---------- 2
- Field Layout Specifications---------- 3
- System Tapsheet---------- 4

Site Plan/System Plan---------- 5

Dosing Calculations---------- 6

Soil Profile Descriptions---------- 7-8



April 17, 2018
Job Number: 17076
Design By: BEN ALDRIDGE, REHS

INSTALLER INFORMATION:

- The permit should be read very carefully prior to submitting bid. The following are details that must be considered along with all other considerations.
- Tanks shall be approved by NC DHHS, and certification supplied by the manufacturer.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- The installer is responsible for final grades and returning that grade to original, with exception of added structural features.
- The supply trench shall be compacted to eliminate any cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom has no more than 1/4"fall in 10 feet with no high or low areas within. If high or low areas do exist after trench excavation, high areas should be removed rather than filling in low areas. Do not over excavate trenches! Any fine grading should be completed by hand with a rake and shovel, leaving no loose material.
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral to prevent unwanted lateral water movement.
- Elevations at pin flag locations should be checked by the installer prior to beginning trenches to insure accuracy.
- Pump tank riser should be 6" above grade, control panel should be 12" above grade.
- If septic tank risers are used they should be a minimum of 6" above finished grade or within 6" of final grade if buried.
- Backfill minimum of 6" of material (County Approved) over panels, rake trench walls, lime side walls, install trenches 24" wide.
- **System is specified as a PPBPS with Low Pressure Distribution.**
- **Repair is specified as a PPBPS with Low Pressure Distribution.**
- **If grading for a slab occures, do not create a greater than 2 ft. cut within 15 ft. of any septic component. Do not back fill over any septic component.**

LOW PRESSURE PPBPS SYSTEM
INSTALL SPECIFICATIONS

Location RIVERSTONE AT ANNISTON LOT 11

Owner/Applicant Information

Owner: RUFUS ROAD PARTNERS LLC
Address: 11220 ELM LN. SUITE 107
CHARLOTTE, NC 28277
Client: JOE DORITY
Phone Number: 803-381-5921

Source of Wastewater Flow: 4 Bedroom Single Family Residence
Estimated Gallons Per Day Flow: 480
System Flow: 27.88

Approved
MD
5/29/18

Design Specifications

Drainfield Size: 294
Required Drainfield Size: 290.9090909
Loading Rate (gpd/ft.^{2}): 0.275
Depth of Gravel in Trench: NA (PPBPS)
Gravel Size: NA (PPBPS)
Trench Depth: 30 in. LOW SIDE
Trench Width: 24 in.

Septic Tank Size: 1000
Pump Tank Size: 1000

Repair Trench Width: 24 in.
Repair Trench Depth: 30 in.

Estimated Supply Line Length: 10
Supply Line Diameter: 2 in. SCH 40 PVC
Supply Line Volume: 1.74
Dosing Volume: 244.80

Recommended Pump: Iredell County Approved Pump
Recommended Float Controls: Iredell County Approved Controls
Recommended Control Panel: Iredell County Approved Control Panel

Pressure Head: 2 ft.
Friction Head: 0.18
Elevation Head: 2.76
Total Dynamic Head: 5.93

Threaded Union: In Tank
Gate Valves: 1 in Tank
1 per lateral
Check Valves: In Tank
Anti-Siphon Hole: YES
Additional Comments: Soil suitability performed by Carolina Soil & Septic Consulting, PLLC

**Pump tank draw down based on a volume basis of 21 gallons per inch. Draw down may vary among pump tank manufacturers.*

RIVERSTONE AT ANNISTON LOT 11
FIELD LAYOUT SPECIFICATIONS

March 21, 2018

LAYOUT FOR 4 BEDROOM HOME

LINE #	FLAG COLOR	IH	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM				788.83		
INSTR. 1						
HOUSE CNR				794.50		
P. TANK				793.27		
1	*ORANGE*			*791.03*	*85*	*85*
2	*PINK*			*789.53*	*100*	*100*
3	*BLUE*			*784.15*	*109*	*109*
3	BLUE			784.15	34	34
4	YELLOW			785.84	113	113
4	YELLOW			785.84	33	33
5	PINK			784.15	114	114
				Total	**588**	**588**

Approved
MD
5/29/18

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION
** System*	*294*	*MOD.*	*0.275*	*PPBPS*	*LOW PRESSURE*
Repair	294	MOD.	0.275	PPBPS	LOW PRESSURE

Notes:
** TBM located top of ground at EIP at rear angle point (see site plan)
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**IH, and FS indicate rod readings

Comments: **Lines exceed 90' length. One and one half inch pipe required in panels.**
Fill small ditch as shown
Lot not recorded
System must be installed as shown.
Iredell County has permission from CS&SC to change tank and distribution device locations.

LOW PRESSURE PPBPS TAPSHEET
RIVERSTONE AT ANNISTON LOT 11
SYSTEM

Line #	Color	Elevation	Length	Hole Size	Flow/hole	Trench Area	Number of Panels
1	ORANGE		85	0.156	0.41	255	20
2	RED		100	0.156	0.41	300	23
3	PINK		109	0.156	0.41	327	25
							68 TOTAL
	total	feet =	294	gal/min =	27.88		
			Des. Flow	480			
			Pump Run=	8.78			
			soil LTAR	0.275			

.156 equals 5/32 inch hole

Approved
5/29/18
MD

DOSING CALCULATIONS

Location RIVERSTONE AT ANNISTON

Lot No: 11

Approved
5/29/18
MD

No. of Bedrooms	4	
Design Flow	480	$^{gal}/_{day}$
LTAR	0.275	$^{gal}/_{ft^2\ day}$
PPBPS? (YES OR NO)	YES	
Supply Line Length	10	ft.
Supply Line Volume	1.74	gal.
Required Feet of Line	290.9091	ft.
Amount of Line from Layout	294	ft.
Gallons per Minute	27.88	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	
Panel Volume	3.6	gal.
# of Panels	68	
Dosing Volume	244.80	gal.

Note: Dosing Volume based on 100% of # of panels times 3.6 gal/panel

FRICTION FACTOR INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42

Tank Draw Down	11.7	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	8.78	minutes
Elevation Head	2.76	ft.
Pressure Head	2	ft.
Friction Factor	1.78	ft./100 ft. *(From the interpolater.)*
Friction Head	0.18	ft.
Total Dynamic Head (+20%)	5.93	ft.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: 4664896551
COUNTY: IREDELL

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

Approved 5/29/18 mS

OWNER: RUFUS RD. PARTNERS LLC
ADDRESS: 11220 ELM. LN. SUITE 107, CHARLOTTE, NC 28277
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: RIVERSTONE AT ANNISTON LOT 11

APPLICATION DATE 3-20-18
DATE EVALUATED: 3-19-18
PROPERTY SIZE: .512 AC
PROPERTY RECORDED: YES

WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
PIT 1	LSS 8%	0-13	RC,M,SBK	FR,SS,SP,SEXP	CH2 @ 44" WATER LEAKING INTO PIT AT 44"	60"	NA	44"	.275 TO 44"
		13-60	RC,S,ABK	FI,S,SP,SEXP					
PIT 2	LSS 7%	0-60	RC,S,ABK	FI,S,SP,SEXP	Y/BR @ 45"	60"	NA	60"	.275
PIT 3	LSS 7%	0-36	RC,S,ABK	FI,S,SP,SEXP	NA	53"	FEW INC @ 36-53"	53"	.3
		36-53	RC,M,SBK	FI,SS,SP,SEXP					
PIT 4	LSS 7%	0-52	RC,S,ABK	FI,S,SP,SEXP	CH2 @ 48"	52"	FEW INC @ 39"	48"	.275

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	LP PPBPS	LP PPBPS
Site LTAR	.275	.275

OTHER FACTORS (.1946): NONE
SITE CLASSIFICATION (.1948): PS

EVALUATED BY: BEN ALDRIDGE
OTHER(S) PRESENT: JACOB CONRAD, DAVID BEANE

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

Approved 5/29/18 MD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

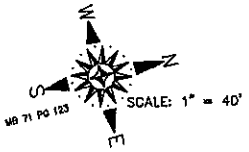
PROPERTY ID #: 4664896551
DATE OF EVALUATION: 4-16-18
COUNTY: IREDELL

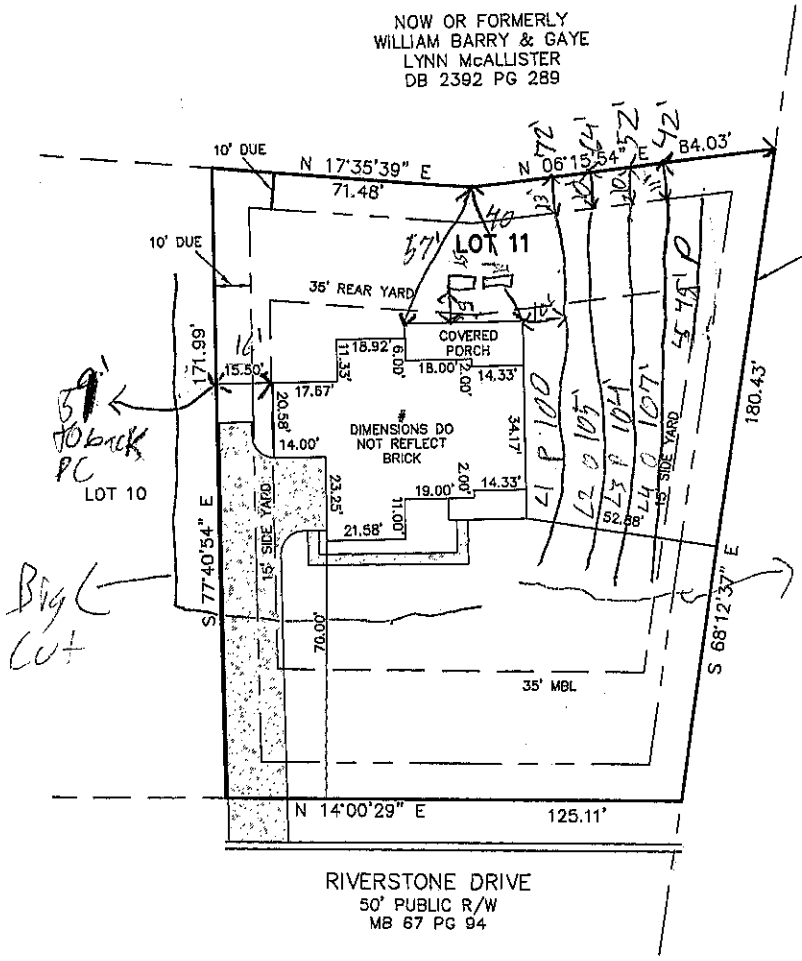
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
P 5	LS 8%	0-46	RC,M,ABK	FR,SS,SP,SEXP	NA	55"	NA	55+	.3
		46-55	RCL,W,SBK	FR,SS,SP,SEXP					

SITE DEVELOPMENT PLAN

PREPARED BY:
DELTA LAND SERVICES, INC.
FIRM LICENSE #C-735
608-G Matthews Mint Hill Road
MATTHEWS, NORTH CAROLINA 28105
(704) 847-4700

THIS SITE PLAN IS TO SHOW THE PROPOSED LOCATION OF THE HOUSE ON THE LOT AND IS NOT TO BE RELIED UPON FOR CONSTRUCTION.





ESTIMATED IMPERVIOUS AREA = 5224 SQ. FT.±

STAKEOUT ☐

NOT FOR RECORDATION, CONVEYANCES OR SALES

Subdivision REVISED PLAT RIVERSTONE AT ANNISTON LOTS 3,4 AND 9-13 County IREDELL
Address RIVERSTONE DRIVE Owner CONCEPT
Lot 11 Block ___ Plan HARVARD Elevation C Drive (Left) X (Right) ___ (Courtyard) ___ Deck ___
Patio ___ Fireplace ___ Garage (1 Car) ___ (2 Car) ___ (3 Car) X Brick ___ Basement ___ Curtain Wall ___
Crawl ___ Slab X Other ___

REVISED: DWN: TMM CKD: DATE: 07/ 13/ 20

T:\Drawings\anniston\AN-0011.dwg, 7/13/2020 7:59:42 AM, PDF995

L1 = 100
L2 = 105
L3 = 104
L4 = 107
L5 = 115

Initial
L1 = 77
L2 = 77
L3 = 77
L4 = 73

Repair
L1 = 27
L2 = 3?
L3 31
L4 = 34
L5 = 45
L6 = 34
L7 = 23

480 ÷ 2 75
→ 1746 ÷ 3
→ 582 X .5
→ 291'

360 ÷ .275
→ 1309 ÷ 3
→ 436 X .5
→ 218

Big Cut

Small Ditch needs to be Filled

RECEIVED AUG 1 0 2020

HT-20... (AP-309552-Fees only)

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $320.00

Application For:
( ) Septic Improvement Permit (✓) New Well Permit (✓) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: (✓) Survey Plat, scaled no more than 1 inch = 60 feet ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

Applicant Information: (PRINT CLEARLY)

Applicant Name: Concept Homes, LLC **Address:** 11220 Elm Ln. Suite 109 **Zip:** 28277

Applicant Email: nick@greybrookhomes.com **Phone:** 704-507-6327 **Alt. Phone:**

Owner Name: Rufus Rd Partners **Address:** 11220 Elm Ln. Suite 107 **Zip:** 28277

Owner Email: joe@gregybrookhomes.com **Phone:** 803-381-5921 **Alt. Phone:**

Property Information:

Street Address: 189 Riverstone Dr. Davidson

Subdivision Name: Anniston **Section/Phase:** **Lot Number:** 11

Driving Directions: Shearers Rd, Left on Anniston Way, Right on Burton, Left on Walking Horse Trail, Left on Riverstone.

Site Development Information: *(check or complete ALL that apply*

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure:
Type of Business:

Non-Residential Site Development:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

CHECK FOUNDATION TYPE

(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Describe Problem:

Water Supply: ( ) Replacement Well – Reason: ( ) Multi-connection Well Number of Houses: Number of Persons:

(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed:

(✓) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

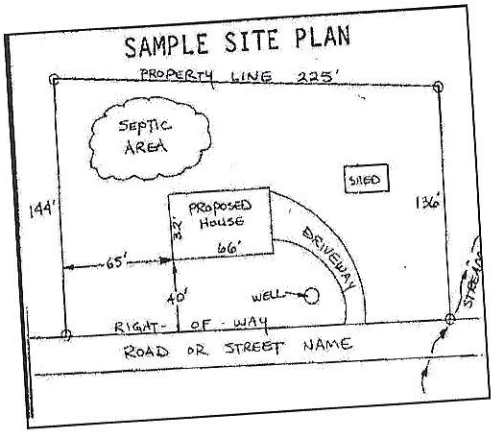
Signature: Nick Belk 7/7/2020

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM OR WELL PERMIT!!!*



Place an (X) beside each item as you complete the site plan:

- (✓) Property Line measurements are clearly identified
- (✓) All proposed structures are indicated
- (✓) Front and side setbacks from property line
- (✓) Preferred driveway location
- (✓) Preferred well location
- (✓) Preferred septic system location
- (✓) North arrow, or other sufficient indicator of direction

Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property **N/A**
Location of easements and rights of ways on your property **N/A**
Location of any designated wetlands on the property **N/A**

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

Signature: Nick Belk
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

7/7/20
DATE

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Nick Belk, am the legal owner(s) of the property located at 189 Riverstone Dr., identified as PIN (Parcel Identification Number) 4664-89-6567, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Concept Homes, LLC, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Nick Belk 7/7/20

Signature of Owner(s) Date

_____ _____

Signature of Witness Date

Please return this signed form to the appropriate office:

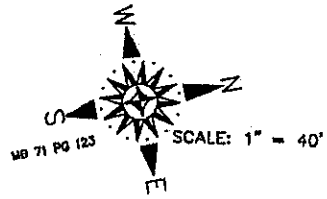
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

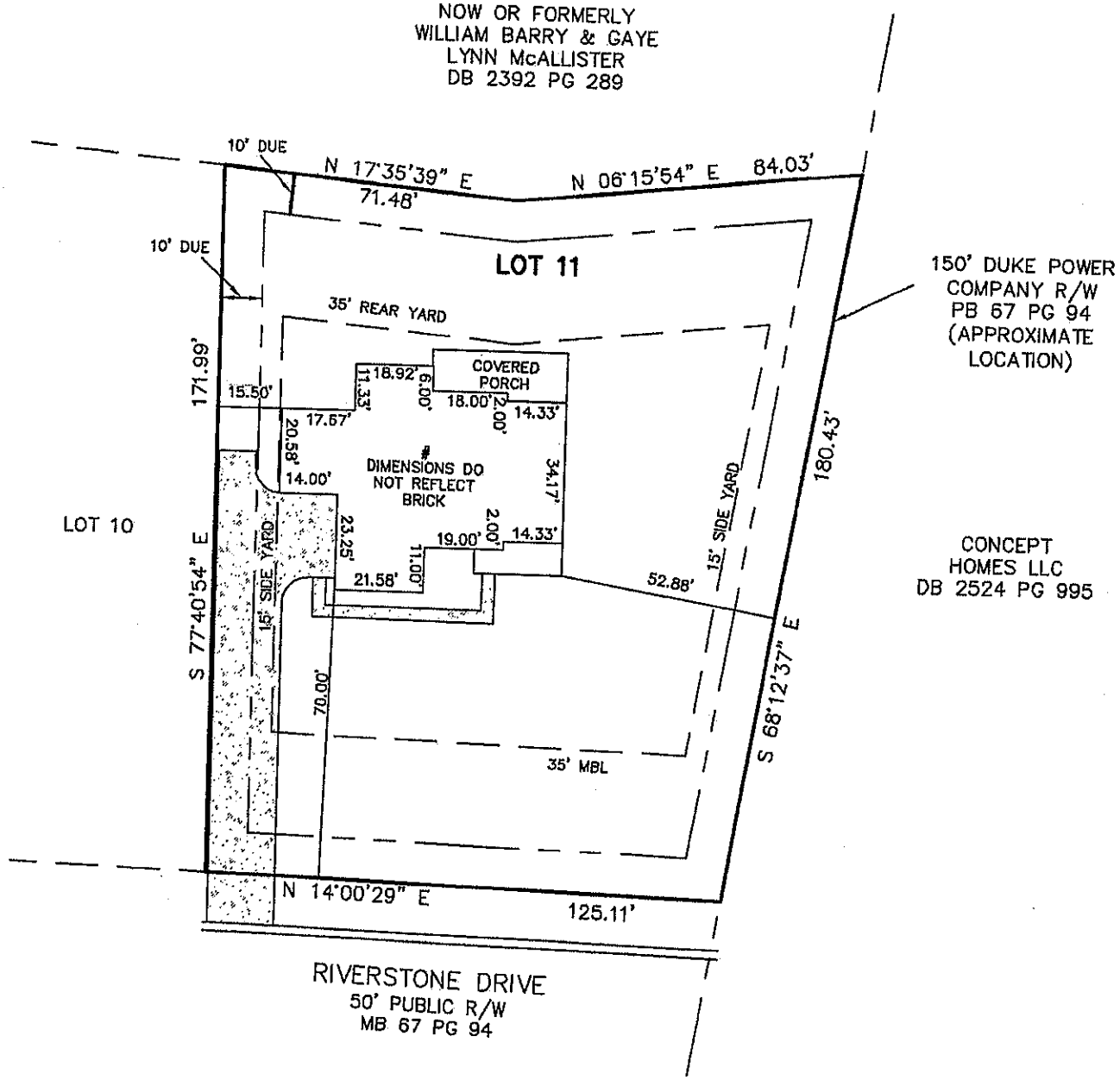
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

SITE DEVELOPMENT PLAN

PREPARED BY:
DELTA LAND SERVICES, INC.
FIRM LICENSE #C-735
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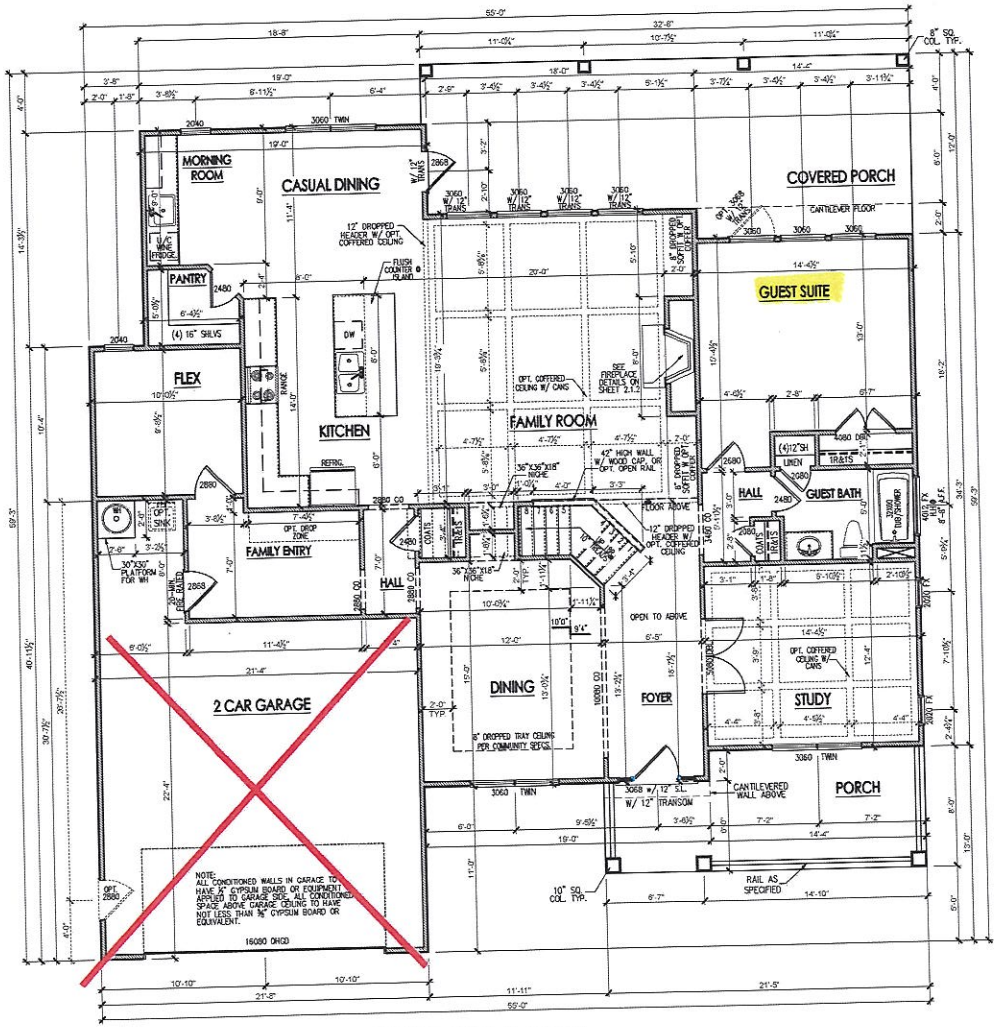
ESTIMATED IMPERVIOUS AREA = 5224 SQ. FT.±

General Floor Plan Notes

General Floor Plan Notes shall apply unless noted otherwise on plan.

1. Wall Heights: Typically 10'-1-1/2" at first floor, and 9'-1-1/2" at second floor U.N.O. All walls are constructed using a double top plate. Splices at Double Top Plate do not need to occur at Vertical Studs but must be at least 24" apart from Joint in other Top Plate layer. Special wall heights are noted on plans where they occur.
2. Wall Thickness is typically 4" at exterior walls, 3-1/2" at interior. 2x6 frame shall be used at walls that back up to plumbing fixtures. Walls greater than 10' high shall be framed with 2x6 framing or greater and will be noted as a special condition where it occurs on plan.
3. Header height shall be 8'-0" AFF at First Floor, and 7'-6" AFF at Second Floor unless noted otherwise.
4. Jacks: Openings up to 3'-4" wide shall have (1) 2x4 jack stud SPF on each side. Openings greater than 3'-4" wide shall have (2) 2x4 jack studs SPF on each side.
5. Soffits, Coffered Ceilings, Tray Ceilings and other significant ceiling plan elements are shown on the floor plans and are denoted as single dashed lines. Unless specifically call out as included, Kitchens **do not** include soffits over wall cabinetry.
6. Door & Window Frames, where occurring near corners, shall be a minimum of 4-1/2" from corner. Except for walk-in closets with doors near a corner, doors at closets shall be centered on closet.
7. Windows: Shall have at least (1) window in each sleeping room, that meets egress. Shall be provided with tempered glass at hazardous glazing areas. False windows shall be installed with obscure glazing.
8. Closets for clothing or coat storage shall be equipped with 1 rod/shelf, open wire. Closets for linen shall have 5 open wire shelves. Closets for panties shall have 5 wood shelves, painted.
9. Stair treads shall be 10" deep, risers shall be a maximum of 7-3/4", unless noted otherwise.
10. Handrails and Guards at stairs shall be 34" above the finished surface of the ramp surface of the stair. Handrails at landings and overlooks of multilevel spaces shall be 36" above finished floor. Guards (pickets or balusters) shall be spaced with no more than 4" between guards.
11. Attic Access shall be provided at all attic area with a height greater than 30". Minimum clear attic access shall be 20" x 30". Pull down stairs and access doors in knee walls meeting minimum criteria are also acceptable.
12. Garage Door to Living Space shall be 2'-8" x 6'-8" minimum size and shall be 20 minute fire rated and weather sealed.
13. Garage Walls, as a minimum, shall be separated from living space by installing 1/2" gypsum board on the garage side of the wall. With habitable space above, the inside of all garage walls require 1/2" GWB supporting 5/8" type X GWB on ceiling.

Acknowledgement of Plans Submittal ONLY!
Date 8/9/20
Patrick J Boble III
Date 10/12/2020



FIRST FLOOR PLAN 'A'
SCALE: 1/8"=1'-0" ON 11x17, 1/4"=1'-0" ON 22x34

SOUTH DESIGNS
(O) 919-556-2226
(F) 919-556-2228
www.southdesigns.com

Concept Homes

REV #	DESCRIPTION	DATE
1	---	---
2	---	---
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7	---	---
8	---	---

3141 - HARVARD - LH
SIGNATURE COLLECTION
First Floor Plan 'A'

DRAWN BY:	South Designs
ISSUE DATE:	10/31/2018
CURRENT REVISION DATE:	10/31/2018
SCALE:	1/8" = 1'-0"
SHEET	2.1a

General Floor Plan Notes

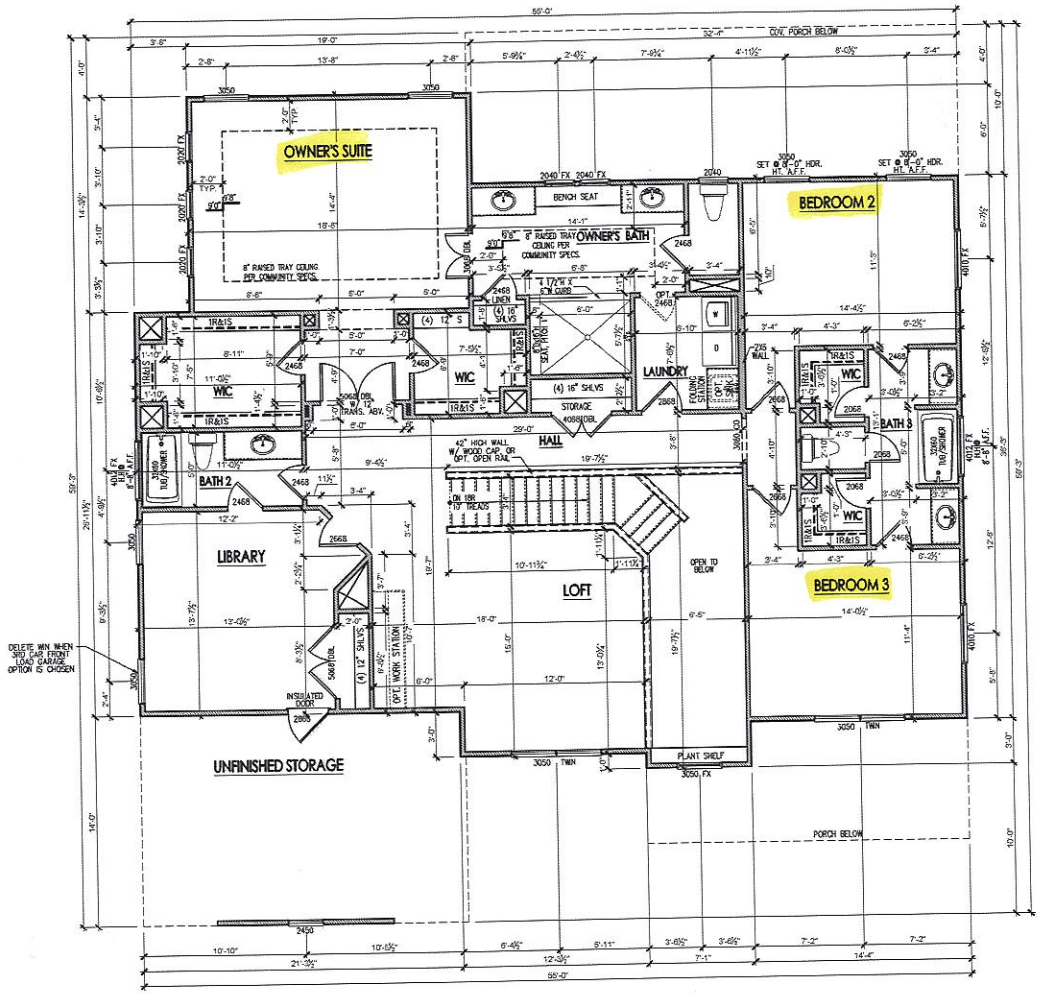
General Floor Plan Notes shall apply unless noted otherwise on plan.

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3. Header height shall be 8'-0" AFF at First Floor, and 7'-6" AFF at Second Floor unless noted otherwise.
4. Jacks: Openings up to 3'-6" wide shall have (1) 2x4 jack stud SPF on each side. Openings greater than 3'-4" wide shall have (2) 2x4 jack studs SPF on each side.
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Acknowledgement of Plans Submittal ONLY!

Date 8/9/20

Date 10/12/2020



SECOND FLOOR PLAN 'A'

SCALE: 1/8"=1'-0" ON 11x17, 1/4"=1'-0" ON 22x34

SOUTH DESIGNS
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Concept Homes

REV #	DESCRIPTION	DATE
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3141 - HARVARD - LH
SIGNATURE COLLECTION
Second Floor Plan 'A'

DRAWN BY: South Designs

ISSUE DATE: 10/31/2018

CURRENT REVISION DATE: 10/31/2018

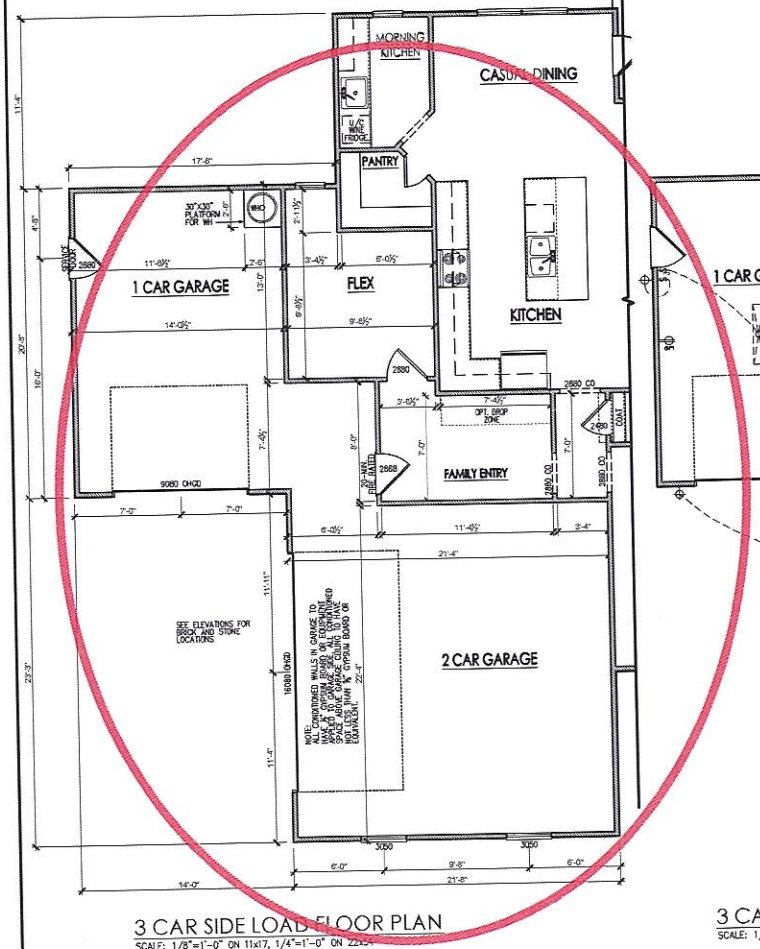
SCALE: 1/8" = 1'-0"

SHEET 2.2a

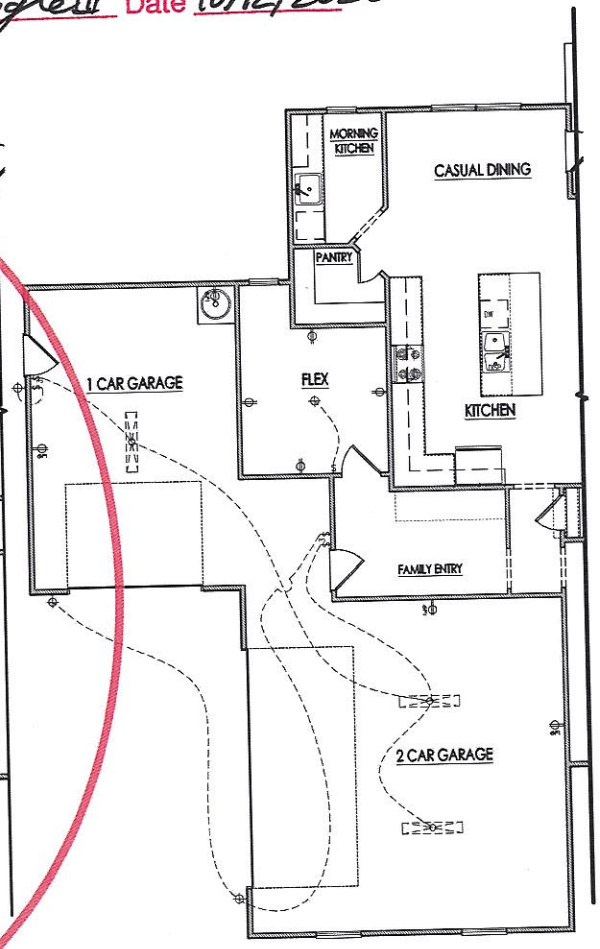
Acknowledgement of
Plans Submittal ONLY!

Date 8/9/20

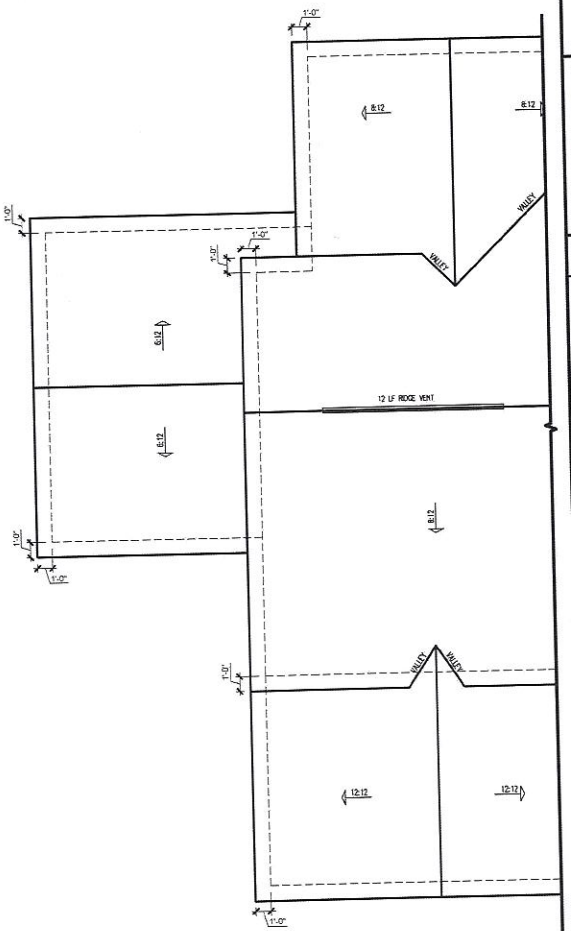
Patrick J Bagletti Date 10/12/2020



3 CAR SIDE LOAD FLOOR PLAN
SCALE: 1/8"=1'-0" ON 11x17, 1/4"=1'-0" ON 22x34



3 CAR SIDE LOAD ELECTRICAL PLAN
SCALE: 1/8"=1'-0" ON 11x17, 1/4"=1'-0" ON 22x34



3 CAR SIDE LOAD - ROOF PLAN
SCALE: 1/8"=1'-0" ON 11x17, 1/4"=1'-0" ON 22x34

SOUTH DESIGNS
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(F) 919-556-2228
www.southdesignsnc.com

Concept Homes

REV #	DESCRIPTION	DATE
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3141 - HARVARD - LH
SIGNATURE COLLECTION
Side Load Utility (3rd Car Garage) 'A'

DRAWN BY: South Designs
ISSUE DATE: 10/31/2018
CURRENT REVISION DATE: 10/31/2018
SCALE: 1/8" = 1'-0"
SHEET: 2.9a

IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER

234491

Issue Date: 03/29/2018

Permit Type: IMPROVEMENT PERMIT APPLICATION

Parcel Number	Street Address	Jurisdiction
4664896551.000	189 RIVERSTONE DRIVE	

Owner Information	Applicant Information	Contractor Information
Owner: RUFUS ROAD PARTNERS LLC Address: 242 JOHNSON DAIRY ROAD MOORESVILLE, NC 28115 Phone:	Applicant: CAROLINA SOIL SEPTIC C Address: 162 WEST B ST KANNAPOLIS, NC 28081 Phone: 704-202-5791	Contractor: CAROLINA SOIL SEPTIC C Address: 162 WEST B ST KANNAPOLIS, NC 28081 Phone: 704-202-5791 License Type: UNLI License Number:

Project Description

NEW SINGLE FAMILY - IREDELL

Scope of Work

SFD

Permit Details:

	IMPROVEMENT PERMIT FEE	Amount:	350.00
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

Signature of Owner/Contractor

Date: 03/29/2018

ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.

Permit Number	133845	TOTAL FEES:	$ 350.00